In the U.S. Paten and Trademark Office

Inventor Abbink

Paper:

Serial number:

10/614,267

Group: 2877

07/02/2003

Title: Interferometer

Filed:

Examiner: Connolly, Patrick J

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Response to Office Action

Responsive to the Office Action mailed 8/11/2004, Applicant submits the following in complete response thereto, and requests reconsideration of the Claims presented.

Amendment

Please amend the Claims, as shown on the attached sheets.

The present Amendment does not change the number of claims or the number of independent claims. Please charge the \$110 fee for a petition for a one month extension of time to respond, and any underpayments, and credit any overpayments, to deposit account 502443.

Claims 17-19 and 34-26

Claims 17-19 and 34-36 each recite a limitation to one or more corrective elements. The Office identified no such elements in the art. Accordingly, there is no *prima facie* case of anticipation or obviousness. Applicant submits that Claims 17-19 and 34-36 are in condition for allowance.

Conclusion

Applicant has responded to each and every rejection and urges that the Claims as presented are in condition for allowance. Applicant requests expeditious processing to issuance.

Respectfully submitted.

V. Gerald Grafe

Registration Number: 42,599

General Counsel InLight Solutions, Inc. 800 Bradbury SE

Albuquerque, NM 87106

Certificate of Mailing

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on the date shown below with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents; P.O. Box 1450; Alexandria VA 22313-1450,

Dec 10,200

date

name

PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE SMALL ENTITY OR **TOTAL CLAIMS** RATE FEE FEE RATE **FOR** BASIC FEE **NUMBER EXTRA** 375.00 BASIC FEE 750.00 NUMBER FILED OR TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= 37*ዪ* OR INDEPENDENT CLAIMS minus 3 = X42= X84= 33*b* OR MULTIPLE DEPENDENT CLAIM PRESENT +140= +280= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR AIMS AS AMENDED - PART II OTHER THAN **SMALL ENTITY** SMALL ENTITY OR (Column 1) (Column 2) (Column 3) CL AIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONA RATE TIONAL AMENDMENT **AFTER** PREVIOUSLY **EXTRA** FEB FEÉ **AMENDMENT** PAID FOR Minus Total X\$ 9= X\$18= OR Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR TOTAY TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AMENDMENT **AFTER PREVIOUSLY EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Minus Independent = X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL **AFTER PREVIOUSLY** RATE TIONAL RATE ENDMENT **EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

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X84=

+280=

ADDIT. FEE

TOTAL

X42 =

+140=

ADDIT. FEE

TOTAL

Application or Docket Number

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 3, enter "3."